

WIC Program - Verification of Certification (VOC)

Current Certification as of
Participant Name:
Category at Cert.:
Certification Dates:
Income Determination Date:

Person ID#:
Participant DOB:
Priority:

Height (inches):
Weight (lbs):

Measured:
Measured:

Hemoglobin:
Hematocrit:

Measured:
Measured:

Recorded	USDA Code	Reason	Priority

Month Food Benefits Issued	First Date To Use	Last Date to Use

Future Certification
Participant Name:
WIC Category:
Certification Dates:
Income Determination Date:

Person ID#:
Participant DOB:
Priority:

Height (inches):
Weight (lbs):

Measured:
Measured:

Hemoglobin:
Hematocrit:

Measured:
Measured:

Recorded	USDA Code	Reason	Priority

Month Food Benefits Issued	First Date To Use	Last Date to Use

From Information
WIC Clinic AA
123 Test Drive
Beautiful City, IA 55555
(123) 555-1234

emailaddress@wic.com

Signature & title of Local Agency Staff

Date